

THIS POLICY (AND THE SCHEDULE WHICH FORM AN INTEGRAL PART OF THE POLICY) IS A LEGAL CONTRACT PLEASE EXAMINE IT THOROUGHLY TO ENSURE IT MEETS YOUR REQUIREMENTS IF IT DOES NOT PLEASE ADVISE YOUR INSURANCE ADVISER IMMEDIATELY

WE WOULD REMIND YOU THAT YOU ARE REQUIRED TO INFORM US IMMEDIATELY OF ANY FACTS OR CHANGES WHICH WE WOULD THEN TAKE INTO ACCOUNT IN OUR ASSESSMENT OR ACCEPTANCE OF THIS INSURANCE FAILURE TO DO SO MAY INVALIDATE YOUR POLICY OR RESULT IN CERTAIN COVERS NOT OPERATING FULLY IF YOU ARE IN DOUBT AS TO WHETHER A FACT IS MATERIAL OR NOT PLEASE CONTACT YOUR INSURANCE ADVISER

PERSONAL ACCIDENT & TRAVEL INSURANCE POLICY NUMBER RTT201587

Royal & Sun Alliance Insurance plc (herein called the Company) and the Insured agree that

This Policy the Schedule (including any Schedule issued in substitution) and any Memoranda shall be considered one document and any word or expression to which a specific meaning has been attached shall bear such meaning wherever it appears

The Proposal or any information supplied by the Insured shall be incorporated in the contract

The Company will provide the insurance described in this Policy subject to the Terms Definitions Conditions and Exceptions for the Period of Insurance shown in the Schedule and any subsequent period for which the Insured shall pay and the Company shall agree to accept the premium

GENERAL DEFINITIONS

Accident

A sudden unexpected unforeseen and identifiable incident

Britain

England Scotland Wales Northern Ireland the Channel Islands and the Isle of Man

Hospital

Any institution which meets fully every one of the following criteria

A maintains permanent and full time facilities for the care of overnight resident patients and

B has diagnostic and therapeutic facilities for the surgical and medical diagnosis treatment and care of injured and sick persons by or under the supervision of a staff of Medical Practitioners and

C continuously provides 24 hours a day nursing service supervised by state registered nurses or by persons with equivalent qualifications and

D is not other than incidentally an institution which provides full time facilities for

i) mentally ill or mentally handicapped persons

ii) nursing or convalescing

iii) aged persons of 70 years or more

iv) drug addicts

v) alcoholics

Insured

As detailed in the Schedule

Insured Person

Any person or category of persons as detailed in the Schedule

Loss of Eye

Permanent and total loss of sight which will be considered as having occurred

A in both eyes if the Insured Person's name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist

B in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale (meaning seeing at 3 feet what the Insured Person should see at 60 feet)

Loss of Limb

A in the case of a leg loss by permanent physical severance at or above the ankle or permanent and total loss of use of a complete foot or leg

B in the case of an arm loss by permanent physical severance of the four fingers at or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or permanent and total loss of use of a complete arm or hand

Medical Practitioner

Any legally qualified medical practitioner other than

A an Insured Person

B a member of the immediate family of an Insured Person

C a Director or Employee of the Insured

Proposal

The Proposal or Statement of Fact including any renewal declaration and information supplied by or on behalf of the Insured in addition to or in connection with or in substitution thereof

Terrorism

Any act including but not limited to the use of force or violence and/or threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political religious ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear

War

War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power

Operative Time

Whilst in a Country of the European Union and legally

A at the Venue or

B flying in the Aircraft or

C Parachuting from the Aircraft

European Union

Britain Austria Belgium Bulgaria Cyprus Czech Republic Denmark Estonia Finland France Germany Greece Hungary Ireland Italy Latvia Lithuania Luxembourg Malta Netherlands Poland Portugal Romania Slovakia Slovenia Spain Sweden

Aircraft

Any aerial vehicle authorized by the Countries aviation regulators to be used for Parachuting

Parachuting

Tandem or static line or Ram-Air Progression System (RAPS) or Square Canopy or freefall all being during daylight

Venue

Any recognised area site or location where Parachuting is authorised by the Countries aviation or Parachuting regulators

GENERAL CONDITIONS**Data Protection**

All personal information supplied by any Insured Person will be treated in confidence by the Company and will not be disclosed to any third parties except where your consent has been received or where permitted by law In order to provide you with products and services this information will be held in data systems of the Company or our agents or subcontractors The Company may pass your personal data to other companies for processing on its behalf Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data but in all cases the Company will ensure that it is kept securely and only used for the purposes for which the Insured Person provided it Details of the companies and countries involved can be provided to any Insured Person on request

Law and Jurisdiction

Unless the parties have agreed otherwise in writing any dispute concerning the interpretation of this Policy shall be governed and construed in accordance with English law and shall be resolved within the non-exclusive jurisdiction of the courts of England and Wales

Policy Cancellation

This Policy may be cancelled by either the Insured or the Company by giving 30 days written notice to the Company or the Insured at their last known registered address. The Company shall retain pro rata earned premium for the period that the Policy was in force or the Policy minimum premium whichever is the greater

GENERAL CLAIMS SETTLEMENT CONDITIONS

Assignment

The Company will not be bound to accept or be affected by any trust charge lien assignment or other dealing with or relating to this Policy

Claims Notification

As a condition precedent to the Insured's right to be indemnified under this Policy the Insured must provide notification to the Company no later than 90 days of the occurring of any Accident Incident event or circumstance which may give rise to a loss which is covered under this Policy except as provided herein

Evidence Required

The Insured must produce for the Company at the Insured's own expense all the detailed particulars and evidence relating to the cause and amount of the loss damage or expenses If the Company considers it necessary each Insured Person must also agree to have a medical examination (which the Company will pay for) as often as the Company may require in connection with any claim

Foreign Currency

Claims involving foreign currency will be converted into the appropriate currency at the selling rate of exchange published in the Financial Times on the day nearest to the date of the loss or as otherwise paid via documented credit card transaction or as agreed in advance in writing with the Company

Interest

Interest will not be added to any amount paid

Other Insurances

If at the time of an event giving rise to a claim there is any other insurance policy in force in the Insured's name which also covers the Insured or the Insured Person concerned for the same expense loss damage or liability then the Company will only pay a proportion of the claim such proportion being determined by reference to the cover provided under each of the relevant policies Personal Accident Benefits will be payable in full subject to the Maximum Incident Limit (and inner limits where applicable)

Other Interests

The Insured's receipt shall discharge the Company's liability to pay any amount in respect of a claim The Insured Person or the Insured Person's personal representatives shall have no right to claim from or sue the Company If the Insured comprises more than one party having an interest in the Insured Person or the property insured the settlement made by the Company shall represent the total amount payable in respect of that Insured Person or property for all interests covered by this Policy

Reasonable Care

The Insured and each Insured Person must take all reasonable steps to avoid or minimise any loss or damage and must also make every reasonable effort to recover any property which has been lost or stolen

Third Party Contract Rights

No person other than the Insured or the Company may enforce the terms of this Policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply

GENERAL POLICY EXCEPTIONS

The Company will not pay any claim

- 1 which is directly or indirectly as a result of or contributed to by War in Britain or the Insured Person's normal country of residence
- 2 after the expiry of the Period of Insurance in which the Insured Person attains the age of 80 years

PERSONAL ACCIDENT INSURANCE SECTION

The Cover

If during the Operative Time the Insured Person sustains bodily injury following an Accident which within two years is the sole and independent cause of Death or Disablement the Company will pay to the Insured the appropriate Benefit shown in the Schedule

Special Definitions applying to this Section

- 1 Death
- 2 Loss of two or more Limbs or Loss of both Eyes or one of each
- 3 Loss of one Limb or Loss of one Eye
- 4 Permanent Total Disablement from gainful employment of any and every kind

Disablement

Benefits 2 to 4

Fracture

A break in the full thickness of a bone

Special Conditions applying to this Section

Benefits

A The Company will not pay in respect of any one Insured Person more than one of Benefits 1 to 4 in connection with the same Accident

B On the happening of an Accident giving rise to a claim for 100% of the amount for any of Benefits 2 to 4 this Policy will not cover any further Accident to that Insured Person

C Loss of Limb or Eye must be proved to the reasonable satisfaction of the Company to be permanent and without expectation of recovery before the Company will pay for Benefit 2 or 3 Permanent Total Disablement must be proved to the reasonable satisfaction of the Company to be permanent and without expectation of recovery

Disappearance

In the event of the disappearance of an Insured Person if after a suitable period of time it is reasonable to believe that Death has occurred as a result of bodily injury following an Accident Benefit 1 shall become payable subject to a signed undertaking by the Insured that if the belief is subsequently found to be wrong such amount shall be refunded to the Company

Exposure

If an Insured Person suffers Death or Disablement as a result of exposure to the elements the Company will consider that as having been caused by bodily injury following an Accident

Special Extensions applying to this Section

Hospitalisation

If during the Operative Time the Insured Person sustains bodily injury following an Accident which within two years is the sole and independent cause of the Insured Person being admitted to Hospital on the recommendation of a Medical Practitioner the Company will pay £10 per full 24 hours up to a maximum 31 days any one Insured Person while they are a Hospital in-patient

Exceptions to this Section

The Company will not pay any Benefit where bodily injury following an Accident is the result of or is contributed to by

- 1** the Insured Person committing or attempting to commit suicide or as a result of self inflicted injury
- 2** the Insured Person engaging in flying of any kind other than as a passenger
- 3** illness or disease (not resulting from bodily injury following an Accident)
- 4** any naturally occurring condition or degenerative process
- 5** any gradually operating cause
- 6** post traumatic stress disorder or any psychological or psychiatric condition (not resulting from bodily injury following an Accident)
- 7** radioactive contamination whether arising directly or indirectly
- 8** War or Terrorism
- 9** the Insured Person having taken a drug unless it was taken on proper medical advice or instruction and not for treatment of drug addiction
- 10** the Insured Person having any alcohol in their bloodstream

MEDICAL AND EMERGENCY TRAVEL EXPENSES INSURANCE SECTION

The Cover

If during the Operative Time an Insured Person sustains bodily injury following an Accident the Company will indemnify the Insured in respect of Medical and Emergency Travel Expenses which are necessarily incurred as a direct result

The Company will pay

up to the appropriate Sum Insured shown in the Schedule for all Medical and Emergency Travel Expenses incurred in respect of any one Insured Person

Special Definitions applying to this Section

Medical Expenses

The cost of medical surgical or other remedial attention treatment or appliances given or prescribed by a Medical Practitioner and all Hospital nursing home and ambulance charges incurred on an External Journey and within two years of the date that the need for treatment first arises

Dental and optical expenses are included only if necessitated by bodily injury following an Accident

Emergency Travel Expenses including Repatriation

The additional costs (less any saving by or recovery available to the Insured Person concerned) of travel accommodation rescue and repatriation incurred upon the recommendation of FirstAssist in respect of the Insured Person or relative or friend (up to a maximum of two persons) who have necessarily to travel to or remain with or escort the Insured Person

Exceptions to this Section

The Company will not pay

- 1 for any Medical Expenses incurred in Britain or the country where the Insured Person is normally resident
- 2 for routine Medical Expenses resulting from pregnancy or childbirth
- 3 for any Medical Expenses resulting from pregnancy or childbirth incurred within four weeks of the expected date of childbirth
- 4 as a result of the Insured Person committing or attempting to commit suicide or as a result of self inflicted injury
- 5 as a result of the Insured Person engaging in flying of any kind other than as a passenger
- 6 if the Insured Person has taken a drug unless it was taken on proper medical advice or instruction and not for treatment of drug addiction
- 7 any claim if the Insured Person is travelling against medical advice given by a Medical Practitioner or for the purpose of obtaining treatment
- 8 any claim handled by FirstAssist where it is subsequently found that the person receiving treatment or incurring costs is not an Insured Person on an Insured Journey in which event such costs will be the sole responsibility of the Insured
- 9 War or Terrorism
- 10 if Insured Person has any alcohol in their bloodstream

TRAVEL ASSISTANCE FROM FIRSTASSIST

FirstAssist is a third party service provider approved by Royal & Sun Alliance Insurance plc All advice and assistance from FirstAssist is accessed via the following contact numbers

Telephone: +44 (0) 20 8763 3155 Fax: +44 (0) 20 8763 3035 Web: www.firstassist.co.uk

FirstAssist operate 24 hours a day 365 days a year

For your protection telephone calls may be recorded or monitored

FirstAssist Emergency Medical Assistance

In an emergency an Insured or Insured Person can obtain immediate assistance by telephoning First Assist Insurance Services Limited

Assistance is supported by

- in house doctors and nursing staff
- a network of doctors and nurses throughout the world
- multi lingual assistance co-ordinators speaking more than 15 languages
- specialist travel agencies for immediate repatriation arrangements in the event of a medical emergency natural disaster or terrorist attack

COMPLAINTS PROCEDURE

We aim to provide you with a first class service If we have not delivered the service that you expect or you are concerned with the service provided we would like the opportunity to put things right

Our complaints process

Initially please raise your concerns with your usual business contact. If your complaint is not resolved or you are not happy with our response and the course of action proposed you can progress your complaint to our Customer Relations Office

A separate investigation will then be carried out in an attempt to resolve your complaint and a final decision issued However if resolution is not possible they will issue a response within 8 weeks of your original complaint

Customer Relations Contact Details

Customer Relations Manager, Royal & Sun Alliance Insurance plc, Bowling Mill, Dean Clough Industrial Park, Halifax HX3 5WA
Tel. No: 0800 1076160 Fax No: 01422 325146 Email: halifax.customerrelationsoffice@uk.royalsun.com

What to do if you are still not satisfied

If you are still not satisfied Royal & SunAlliance is regulated by the Financial Services Authority whose arbitration service is the Financial Ombudsman Service and you may be able to refer your complaint to them

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR

Telephone: 0845 0801800 enquiries@financial-ombudsman.org.uk www.financial-ombudsman.org.uk

Your rights

Your rights as a customer to take legal action remain unaffected by the existence or use of any complaint procedures referred to above However the Financial Ombudsman Service will not adjudicate on any cases where litigation has commenced

For your protection, telephone calls may be recorded or monitored.

Arranged by
Finch Commercial Insurance Brokers Ltd
Registered in England No 4251300 at
53a Crockhamwell Road, Woodley, Reading, RG5 3JP
Authorised and regulated by the Financial Services Authority

Underwritten by
Royal & Sun Alliance Insurance plc (No 93792)
Registered in England and Wales at St Mark's Court,
Chart Way, Horsham, West Sussex, RH12 1XL
Authorised and regulated by the Financial Services Authority